

Burkesville Gas Company, Inc.

Adoption Notice

The undersigned Burkesville Gas Company Inc. of Burkesville, Kentucky hereby adopts, ratifies, and makes its own, in every respect as if the same had been originally filed and posted by it, all tariff and supplements containing rates, rules and regulations for furnishing natural gas service at Burkesville in the Commonwealth of Kentucky filed with the Public Service Commission of Kentucky by Ken-Gas of Albany of Albany, Kentucky.

This notice is issued on the 12th day of March 1991, in conformity with 807 KAR 5:011, Section 10 of the Regulations for the filing of Tariff of Public Utilities with the Public Service Commission of Kentucky.

BURKESVILLE GAS COMPANY, INC.

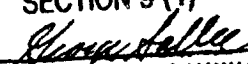
BY: 

Authorized by K.P.S.C. Order No. 90-294

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

MAR 12 1991

PURSUANT TO 807 KAR 5:011.
SECTION 9 (1)

BY: 
PUBLIC SERVICE COMMISSION MANAGER

KEN-GAS OF KENTUCKY, INC.

OF

CUMBERLAND COUNTY, KENTUCKY

RATES, RULES AND REGULATIONS FOR FURNISHING

GAS

AT

BURKESVILLE AND CUMBERLAND COUNTY

FILED WITH PUBLIC SERVICE COMMISSION OF

KENTUCKY

ISSUED: MAY 12, 1989

EFFECTIVE JUNE 19, 1989

ISSUED BY: KEN-GAS OF KENTUCKY, INC.

BY:



PRESIDENT

PUBLIC SERVICE COMMISSION
OF KENTUCKY

JUN 19 1989

PURSUANT TO KRS 5:011,
SECTION 9 (1)

BY:


PUBLIC SERVICE COMMISSION MANAGER

FOR All Service Areas
Area Served

P.S.C. KY. NO. 1

SHEET NO. 1

Burkesville Gas Company
(Name of Issuing Corporation)

CANCELLING P.S.C. KY. NO. _____

SHEET NO. _____

RATES AND CHARGES

REVISED RATE SCHEDULES

APPLICABILITY: APPLICABLE WITHIN ALL AREAS SERVICED BY BURKESVILLE GAS COMPANY, INC.

AVAILABILITY: AVAILABLE FOR GENERAL USE BY RESIDENTIAL AND INDUSTRIAL CUSTOMERS.

CHARACTER OF SERVICE: FIRM-WITHIN THE REASONABLE LIMITS OF THE COMPANY'S CAPABILITY TO PROVIDE SUCH SERVICE.

RATES:

	<u>BASE RATE</u>	<u>GAS COST RECOVERY RATE</u>	<u>TOTAL</u>
RESIDENTIAL	\$4.25	\$11.9912	\$16.2412
INDUSTRIAL	\$3.90	\$11.9912	\$15.8912

NOTE (1) THE ABOVE RATES ARE BASED UPON THE WHOLESALE COST OF GAS AT THE REGULATOR STATION IN BURKESVILLE, KENTUCKY AND/OR ANY OTHER TOWNS WHERE GAS SERVICE IS PROVIDED. BEING A COST OF \$11.9912 PER MCF.

NOTE (2) INDUSTRIAL CUSTOMERS RECEIVING THE LOWER COST RATE WILL BE UNDER INTERRUPTABLE AGREEMENTS. THE MINIMUM CHARGE FOR SERVICE SHALL BE SET FORTH IN THE AGREEMENT WITH EACH INDUSTRIAL CUSTOMER.

DATE OF ISSUE March 20, 2006
Month / Date / Year

DATE EFFECTIVE March 1, 2006
Month / Date / Year

ISSUED BY [Signature]
(Signature of Officer)

TITLE President

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION
IN CASE NO. 2006-00097 DATED March 20, 2006

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE
3/1/2006
PURSUANT TO 807 KAR 5:011
SECTION 9 (1)

By [Signature]
Executive Director

FOR: CUMBERLAND COUNTY

P.S.C. KY. NO. _____

_____ SHEET NO. 3

KEN-GAS OF KENTUCKY, INC.
GAS DIVISION

CANCELLING PSC NO. _____

_____ SHEET NO. _____

RULES AND REGULATIONS

BILLING, COLLECTION

BILLS FOR GAS SERVICE FURNISHED BY THE GAS SYSTEM WILL BE MAILED NO LATER THAN THE LAST DAY OF EACH MONTH AND WILL BE DUE AND PAYABLE BY THE 10TH DAY OF THE FOLLOWING MONTH.

DATE OF ISSUE: MAY 12, 1989

DATE EFFECTIVE: JUNE 19, 1989

ISSUED BY: Kenneth H. Turner
NAME OF OFFICER

President
TITLE

ADDRESS

PUBLIC SERVICE COMMISSION
OF KENTUCKY

JUN 19 1989

PURSUANT TO KRS 201.011,
SECTION 9.01

BY: [Signature]
OFF

FOR: CUMBERLAND COUNTY

P.S.C. KY. NO. _____

SHEET NO. 4

KEN-GAS OF KENTUCKY, INC.
NAME OF ISSUING CORPORATION

CANCELLING PSC NO. _____

SHEET NO. _____

CLASSIFICATION OF SERVICE

BUDGET BILLING

CUSTOMERS HAVE AN OPPORTUNITY TO SIGN AGREEMENTS WITH THE COMPANY FOR SPREADING BILLING EVENLY OVER A TWELVE MONTH PERIOD. THE BILLING IS BASED ON ESTIMATED CONSUMPTION MADE BY A REPRESENTATIVE. IN MAY, THE END OF THE TWELVE MONTH PERIOD. THE DIFFERENCE BETWEEN PAYMENTS AND ACTUAL USAGE IS ADJUSTED BY ADDING OR CREDITING THE DIFFERENCE OF THE REGULAR GAS SERVICE BILL. A COPY OF THE AGREEMENT IS MADE A PART OF THE COMPANY'S RULES AND REGULATIONS.

DISCONTINUANCE OF SERVICE

THE UTILITY MAY REFUSE OR DISCONTINUE SERVICE TO AN APPLICANT OR CUSTOMER, AFTER PROPER NOTICE FOR FAILURE TO COMPLY WITH ITS RULES AND REGULATIONS OR STATE AND MUNICIPAL RULES AND REGULATIONS, WHEN A DANGEROUS CONDITION IS FOUND TO EXIST ON THE CUSTOMER'S OR APPLICANT'S PREMISES, WHEN A CUSTOMER OR APPLICANT REFUSES OR NEGLECTS TO PROVIDE REASONABLE ACCESS TO THE PREMISES, FOR FRAUDULENT OR ILLEGAL USE OF SERVICE, OR FOR NONPAYMENT OF BILLS. IF DISCONTINUANCE IS FOR NONPAYMENT OF BILLS, THE CUSTOMER SHALL BE GIVEN AT LEAST TEN (10) DAYS WRITTEN NOTICE, SEPARATE FROM THE ORIGINAL BILL, AND CUT-OFF SHALL BE EFFECTED NOT LESS THAN TWENTY-SEVEN (27) DAYS AFTER THE MAILING DATE OF THE ORIGINAL BILL UNLESS, PRIOR TO DISCONTINUANCE, A RESIDENTIAL CUSTOMER PRESENTS TO THE UTILITY A WRITTEN CERTIFICATE, SIGNED BY A PHYSICIAN, REGISTERED NURSE, OR PUBLIC HEALTH OFFICER, THAT SUCH DISCONTINUANCE WILL AGGRAVATE AN EXISTING ILLNESS OR INFIRMITY ON THE AFFECTED PREMISES, IN WHICH CASE DISCONTINUANCE MAY BE EFFECTED NOT LESS THAN THIRTY (30) DAYS. THE UTILITY NOTIFIES THE CUSTOMER, IN WRITING, OF STATE AND FEDERAL PROGRAMS WHICH MAY BE AVAILABLE TO AID IN PAYMENT OF BILLS AND THE OFFICE TO CONTACT FOR SUCH POSSIBLE ASSISTANCE.

JUN 19 1989

DATE OF ISSUE: MAY 12, 1989

PURSUANT TO KRS 5.011,
DATE EFFECTIVE: JUN 19, 1989

ISSUED BY: _____

NAME OF OFFICER

TITLE

ADDRESS

FOR: CUMBERLAND COUNTY

P.S.C. KY. NO. _____

SHEET NO. 5

KEN-GAS OF KENTUCKY, INC.
GAS DIVISION

CANCELLING PSC NO. _____

SHEET NO. _____

RULES AND REGULATIONS

SCHEDULE OF SPECIAL SERVICE CHARGES

THE FOLLOWING CHARGES FOR SPECIAL SERVICES SHALL BE MADE:

1. SERVICE CONNECTION CHARGE: A CHARGE OF \$24.00 SHALL BE MADE FOR ALL SERVICE RECONNECTIONS MADE DURING REGULAR WORKING HOURS. IF SERVICE IS RECONNECTED OTHER THAN DURING REGULAR WORKING HOURS, THE CHARGE SHALL BE \$34.00.

2. DELINQUENT SERVICE CHARGE: ^{ANNUAL} A CHARGE OF EIGHTEEN (18%) PERCENT OF THE DELINQUENT BILL SHALL BE CHARGED IF THE BILL IS NOT PAID BY THE 10TH DAY OF THE MONTH. ^{or 1.5% monthly}

3. BAD CHECKS: ~~A SERVICE CHARGE OF \$15.00 WILL BE CHARGED ON ALL BAD CHECKS.~~

4. METER TEST REQUEST: ~~UPON REQUEST AND PAYMENT OF \$25.00 A CUSTOMER MAY HAVE HIS METER TESTED PROVIDED REQUEST BY THE CUSTOMER IS NOT MORE FREQUENT THAN ONCE EACH TWELVE MONTHS. IF SUCH TEST SHOWS THE METER TO BE MORE THAN TWO PERCENT FAST, A REFUND OF THE \$25.00 CHARGE SHALL BE MADE AND THE BILL ADJUSTED ACCORDINGLY. IF THE METER IS FOUND TO BE RUNNING MORE THAN TWO PERCENT SLOW THE METER TEST CHARGE WILL NOT BE REFUNDED, BUT THE CUSTOMER'S BILL WILL BE RECALCULATED AND THE AMOUNT DUE COLLECTED.~~

DATE OF ISSUE: MAY 12, 1989

DATE EFFECTIVE: JUNE 19, 1989

ISSUED BY: _____

NAME OF OFFICER

TITLE

PUBLIC SERVICE COMMISSION
OF KENTUCKY

JUN 19 1989

PURSUANT TO KRS 202.011,

BY: _____
PUBLIC SERVICE COMMISSION MANAGER

BURKESVILLE GAS COMPANY, INC.
NAME OF ISSUING CORPORATION

FOR ALL SERVICE AREAS
PSC NO. _____
SHEET NO. 1
CANCELLING PSC NO. _____
SHEET NO. _____

RULES AND REGULATIONS

SCHEDULE OF SECURITY DEPOSIT CHARGES

SECURITY DEPOSIT CHARGES SHALL BE AS FOLLOWS:

1. THE SECURITY DEPOSIT FOR RESIDENTIAL CUSTOMERS IS \$100.00.
2. THE SECURITY DEPOSIT FOR COMMERCIAL CUSTOMERS IS \$150.00.

SECURITY DEPOSIT INTEREST WILL BE PAID IN ACCORDANCE WITH PSC REGULATION
807KAR5:006

DATE OF ISSUE: 11-5-98

DATE EFFECTIVE: _____

ISSUED BY: 

TITLE: SECRET

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

DEC 06 1998

PURSUANT TO 807 KAR 5.011,
SECTION 9 (1)

BY: Stephen O Bell
SECRETARY OF THE COMMISSION

FOR All Service Areas
Area Served

P.S.C. KY. NO. 1

SHEET NO. 1

BURKESVILLE GAS COMPANY, INC.
(Name of Issuing Corporation)

CANCELLING P.S.C. KY. NO. _____

SHEET NO.

RULES AND REGULATIONS

PURCHASED GAS COST ADJUSTMENT CLAUSE

Determination of GCR

Burkesville Gas Company shall file a monthly report with the Commission which shall contain an updated Gas Cost Recovery Rate (GCR) and shall be filed at least thirty (30) days prior to the beginning of each calendar month. The GCR shall become effective for billing for service rendered on or after the first day of each calendar month.

The Gas Cost Recovery Rate is comprised of:

1. The expected gas cost component (EGC) on a dollar-per-Mcf basis, which represents the average expected cost of purchased gas.
2. The Actual Cost Adjustment (ACA), on a dollar-per-Mcf basis, compensates for over-or under-collection of gas cost resulting from differences between expected gas cost and the actual cost of gas. For purposes of determining the GCR, the ACA for the application period shall equal the sum of the ACA for the reporting period and for the one (1) month preceding calendar months.
3. The supplier refund adjustment (RA) on a dollar-per Mcf basis, which reflects the refunds received from suppliers during the reporting period plus interest at a rate equal to one-half of the percent below the average 90-day commercial paper rate for the twelve-month period. In the event of any large or unusual refunds, Burkesville Gas Company may apply to the Public Service Commission for the right to depart from the refund procedure herein set forth.

DATE OF ISSUE _____
Month / Date / Year

DATE EFFECTIVE _____
Month / Date / Year

ISSUED BY [Signature]
(Signature of Officer)

TITLE President

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION
IN CASE NO. _____ DATED _____

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE
10/27/2005
PURSUANT TO 807 KAR 5:011
SECTION 9 (1)

By [Signature]
Executive Director

FOR All Service Areas
Area Served

P.S.C. KY. NO. 1

SHEET NO. 2

BURKESVILLE GAS COMPANY, INC.
(Name of Issuing Corporation)

CANCELLING P.S.C. KY. NO. _____

SHEET NO. _____

RULES AND REGULATIONS

PURCHASED GAS COST ADJUSTMENT CLAUSE (continued)

Billing

The gas cost recovery rate to be applied to bills of customers shall equal the sum of the following components:

$$\text{GCR} = \text{EGC} + \text{RA} + \text{ACA}$$

The GCR will be added to or subtracted from the tariff rates prescribed by the Commission Order on Burkesville Gas Company's latest general rate case and will be included in the tariff rates stated on each applicable rate sheet within this tariff.

Definitions

For the purpose of this tariff:

- a. "Average Expected Cost" is the cost of purchased gas which results from the application of supplier rates currently in effect, or reasonably expected to be in effect during the calendar month, on purchased volumes for the most recently available twelve-month period, divided by the corresponding sales volume. In the event that line loss exceeds 5 percent, purchased volumes for the twelve-month period shall be calculated as: sales volumes/.95. Where the calculations require the use of volumes used during a given period, and those volumes did not exist for a particular source for the entire period, or the Company expects the volume to change substantially, Burkesville Gas Company may make appropriate adjustments to its calculations. Any adjustments of this type shall be described in the monthly Gas Cost Recovery Report.

DATE OF ISSUE _____
Month / Date / Year

DATE EFFECTIVE _____
Month / Date / Year

ISSUED BY _____
(Signature of Officer)

TITLE President

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION
IN CASE NO. _____ DATED _____

**PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE
10/27/2005
PURSUANT TO 807 KAR 5:011
SECTION 9 (1)**

By _____
Executive Director

FOR All Service Areas
Area Served

P.S.C. KY. NO. 1

SHEET NO. 3

BURKESVILLE GAS COMPANY, INC.
(Name of Issuing Corporation)

CANCELLING P.S.C. KY. NO. _____

SHEET NO. _____

RULES AND REGULATIONS

PURCHASED GAS COST ADJUSTMENT CLAUSE
(continued)

- b. "GCR" means the monthly updated gas cost recovery rate and is the sum of the expected gas cost component plus the supplier refund adjustment plus the actual cost adjustment i. e., $GCR = EGC + RA + ACA$
- c. "Calendar Month" means each of the twelve one month periods of (1) January, (2) February, (3) March, (4) April, (5) May, (6) June, (7) July, (8) August, (9) September, (10) October, (11) November, (12) December.
- d. "Reporting Period" means the one-month accounting period that ended prior to the filing date of the updated gas cost recovery rates.

DATE OF ISSUE _____
Month / Date / Year

DATE EFFECTIVE _____
Month / Date / Year

ISSUED BY [Signature]
(Signature of Officer)

TITLE President

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION
IN CASE NO. _____ DATED _____

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE
10/27/2005
PURSUANT TO 807 KAR 5:011
SECTION 9 (1)

By [Signature]
Executive Director

BUDGET PAYMENT PLAN AGREEMENT

THIS AGREEMENT, made in duplicate between Ken-Gas of Kentucky, Inc., a Kentucky Corporation with its principal office at Burkesville, Kentucky (hereinafter called the "Company") and, _____, (hereinafter called the "Consumer") located at _____.

WITNESSETH:

That in consideration of Consumer's request to make gas service payments under the Company's Budget Payment Plan, the Consumer shall pay the Company at a fixed amount each month in lieu of monthly billings and the fixed amount paid each month shall be payable in full each year upon receipt of the June billing. It is further agreed:

1. The Consumer agrees that if at anytime the Rate under which the Company purchases gas service at wholesale is modified, the company may make a corresponding modification in the rate for service hereunder and the budget payment amount shall be adjusted accordingly.
2. The Consumer agrees that if at any time the Rates and/or Terms and Conditions as set forth in the Company's Rate are adjusted or changed and said adjustments and/or changes are approved by the Kentucky Public Service Commission said adjustments and/or will become effective and supercede, cancel and replace rates and/or terms and conditions provided in exsisting rate prior to the effective date as set forth in the Kentucky Public Service Commission's Order approving the adjustments and/or changes.
3. The Consumer agrees that monthly budget payments are subject to change where a trend develops indicating the amount set up is insufficient to result in a reasonable balance due in the June billing period; at which time, the difference in the fixed amount and actual cost of gas service is payable in full.
4. It is agreed that the Consumer shall make payment each month in the full amount of the Budget Payment as stated herein, regardless of any accumulated charges or credits for actual use. The accumulated charges or credits shall be adjusted on the June billing. Should the Consumer fail to make such Budget Payments by due date, service will be discontinued and entire balance becomes due and payable before service is restored. The Consumer shall be ineligible for future billings under the budget Payment Plan.
5. This agreement shall continue from year to year, unless terminated by either party giving to the other notice in writing, subject to the provisions stated in #4 above.

THEREUPON, it is agreed that _____ **PUBLIC SERVICE COMMISSION,**
(Consumer) shall pay to Ken-Gas of Kentucky, Inc. ^{OF KENTUCKY} each month, beginning with _____ billing, for gas service in the amount of \$ _____ under this Budget Billing Agreement, and shall pay in full annually the balance resulting from difference **JUN 19 1983** usage and fixed amount paid each month in June billing. If a credit balance (overpayment) exceeds \$10.00 it shall **PURSU** refunded and **11**, request. Any credit balance less than \$10.00 will be applied on the succeeding months bill.

BY: _____
PUBLIC SERVICE COMMISSION "MANAGER"

Burkesville Gas Company, Inc.

Billing Form

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

JUN 04 1998

PURSUANT TO 807 KAR 5:011,
SECTION 9 (1)

RETURN SERVICE REQUESTED BY Stephan D. Best PRESORTED FIRST CLASS MAIL U.S. POSTAGE PAID SECRETARY OF THE COMMISSION

SEND PAYMENTS TO:

TOLL FREE (800) 535-9911 • TOLL FREE FAX (800) 535-9915

ACCOUNT NO.		SERVICE FROM TO		DAYS USED
DATE BILL MAILED				
PREV. READING	PRES. READING	UNITS USED		AMOUNT
CURRENT BILL DUE DATE		AFTER DUE DATE	BY DUE DATE	
AMOUNT DUE				

RETURN THIS STUB WITH PAYMENT	
DUE DATE	ACCOUNT NO.
AMOUNT DUE	AFTER DUE DATE BY DUE DATE

SERVICE ADDRESS

